

**University of South Wales independent
prescribing course reaccreditation event
report, May 2023**



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Event summary and conclusions

Provider	University of South Wales
Course	Independent prescribing course
Event type	Reaccreditation
Event date	15 May 2023
Approval period	July 2023 - July 2026
Relevant standards	<u>Standards for pharmacist independent prescribers, January 2019, updated October 2022</u>
Outcome	Approval with condition The accreditation team agreed to recommend to the Registrar of the General Pharmaceutical Council (GPhC) that pharmacist independent prescribing course provided by University of South Wales should be reaccredited for a further period of three years, subject to one condition.
Conditions	1. That all designated prescribing practitioners are provided with feedback on their performance, with immediate effect. This must be confirmed by 1st June 2023. This is to meet criterion 9.5
Standing conditions	The standing conditions of accreditation can be found here .
Recommendations	1. That the university reconsiders its position on online proctoring, to ensure integrity in online assessments. This is linked directly to criterion 7.2 but also standard 7 more generally.
Minor amendments	<ul style="list-style-type: none"> The interview questions still refer to two years post-registration experience and questions 38/39/40 of the application form also ask how many years' experience/relevant to clinical area/CPD in clinical area. The student handbook (Appendix 4), management plan (Appendix 1) and Teaching and Learning Strategy (Appendix 2) all still refer to two years post-registration experience. Please update this information in line with new entry requirements.

	<ul style="list-style-type: none"> • Question 13 on the interview schedule refers to the course lasting 6 months but the paperwork states 8 months – please amend accordingly. • The number of hours of directed study and hours of independent study advertised on the University of South Wales website differ from those listed in the Module Specification (Appendix 9) This information should be corrected. The Module specification also includes staff who are not listed as part of the teaching team. This information should be updated at the next Module Specification revision. • The Teaching and Learning strategy (Appendix 2) still refers to 12 days in practice experience which should be amended to a minimum of 90 hours (University of South Wales specify 100 hours). Reference is also made to a medical DPP conducting the ACE, this should be amended to include non-medical DPPs. • Page 24 of Appendix 4 refers to Academic Misconduct but only references the NMC. The provider should add in a reference to the GPhC.
Registrar decision	<p>The Registrar is satisfied that the University of South Wales has met the requirement of continued approval in accordance with Part 5 article 42 paragraph 4(a)(b) of the Pharmacy Order 2010, in line with the Standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.</p> <p>The Registrar confirms that the University of South Wales is approved to continue to offer the independent prescribing course for a further period of three years. The Registrar notes that the condition as outlined in the report has been met.</p>
Maximum number of all students per cohort	50
Number of pharmacist students per cohort	50
Number of cohorts per academic year	2
Approved to use non-medical DPPs	Yes

Key contact (provider)	Dr Paul Deslandes. Senior Lecturer, Medicines Management, Faculty of Life Sciences and Education
Provider representatives	Dr Paul Deslandes, Senior Lecturer - Medicines Management, Faculty of Life Sciences and Education Ben Pitcher, Senior Lecturer- Medicines Management, Faculty of Life Sciences and Education Bridie Jones, Head of Community and Professional Practice Nursing, Faculty of Life Sciences and Education Melanie Baldwin, Quality Manager for Faculty of Life Sciences and Education Jessica Crompton, Senior Quality Officer
Accreditation team	Liz Harlaar, Independent Business Consultant Dr Fran Lloyd, Associate Postgraduate Pharmacy Dean, NICPLD, Queen's University Belfast Ahmed Aboo, Associate Professor in Pharmacy Practice, De Montfort University
GPhC representative	Damian Day, Head of Education, General Pharmaceutical Council
Rapporteur	Alex Ralston, Quality Assurance Officer, General Pharmaceutical Council
Observer	Liam Anstey, Director for Wales, General Pharmaceutical Council

Introduction

Role of the GPhC

The General Pharmaceutical Council (GPhC) is the statutory regulator for pharmacists and pharmacy technicians and is the accrediting body for pharmacy education in Great Britain. The accreditation process is based on the GPhC's standards for the education and training of pharmacist independent prescribers, January 2019, updated October 2022.

The Pharmacy Order 2010 details the GPhC's mandate to check the standards of pharmacy qualifications leading to annotation as a pharmacist independent prescriber. It requires the GPhC to 'approve' courses by appointing 'visitors' (accreditors) to report to the GPhC's Council on the 'nature, content and quality' of education as well as 'any other matters' the Council may require.

The powers and obligations of the GPhC in relation to the accreditation of pharmacy education are legislated in the Pharmacy Order 2010. For more information, visit:

<http://www.legislation.gov.uk/ukxi/2010/231/contents/made>

Background

The University of South Wales (previously the University of Glamorgan) was originally accredited by the Royal Pharmaceutical Society of Great Britain in 2008 to train independent prescribers. The course was reaccredited in 2010, 2014 and 2017 by the General Pharmaceutical Council for periods of three years, respectively. The most recent reaccreditation visit took place in April 2020, where the course was reaccredited for a further period of 3 years. There were no conditions or recommendations.

The course is commissioned by Health Education and Improvement Wales (HEIW) on behalf of the Welsh Government. The multi-professional nature of the courses offered by the university, as well as the multi-professional nature of the course team, has resulted in the provision of the prescribing programme being extended to a broader range of health professionals. The course is delivered to all eligible professionals as a single group. The course runs from September through to May and is split into two cohorts which run in parallel.

In line with the standards for the education and training of pharmacist independent prescribers January 2019, updated October 2022, an event was scheduled on 15 May 2023 to review the course's suitability for reaccreditation.

Documentation

Prior to the event, the provider submitted documentation to the GPhC in line with the agreed timescales. The documentation was reviewed by the accreditation team, and it was deemed to be satisfactory to provide a basis for discussion.

The event

The reaccreditation event was held remotely by videoconference on 15 May 2023 and comprised of several meetings between the GPhC accreditation team and representatives of University of South Wales prescribing course. Students who were currently undertaking the course, or who had completed it in the last three years, contributed to the event by completing a qualitative survey, responses to which were reviewed by the GPhC accreditation team.

Declarations of interest

There were no declarations of interest.

Schedule

Meeting	Time
Private meeting of accreditation team and GPhC representatives, including break	09:30 - 11:00
Meeting with course provider representatives	11:00 - 13:00
Lunch	13:00 - 14:00
Learning outcomes testing session	14:00 - 14:30
Private meeting of the accreditation team and GPhC representatives	14:30 - 15:30
Deliver outcome to the provider	15:30 - 15:45

Key findings - Part 1 - Learning outcomes

The team reviewed all 32 learning outcomes relating to the independent prescribing course. To gain additional assurance the team also tested a sample of 6 learning outcomes during the event and was satisfied that **all 32 learning outcomes continue to be met** to a level as required by the GPhC standards.

The following learning outcomes were tested at the event: **2,13,14, 19, 23, 31**

Domain: Person centred care (outcomes 1-6)

Learning outcomes met/will be met? Yes No

Domain: Professionalism (outcomes 7-15)

Learning outcomes met/will be met? Yes No

Domain: Professional knowledge and skills (outcomes 16-26)

Learning outcomes met/will be met? Yes No

Domain: Collaboration (outcomes 27-32)

Learning outcomes met/will be met? Yes No

Key findings - Part 2 - Standards for pharmacist independent prescribing course providers

Standard 1: Selection and entry requirements

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the selection and entry requirements continue to be met.

Information about the Independent Prescribing course (programme) is available on the University of South Wales (USW) web page. A fact sheet containing information about the selection process and the entry criteria is included as part of the application pack sent out to potential applicants.

Information regarding the experience required by the applicant is set out in the fact sheet. Applicants must complete an application form and provide supporting evidence through confirmation of their competence and good character from their respective line manager (or third-party reference if the applicant is self-employed). The Designated Prescribing Practitioner (DPP) must also sign that they confirm they are happy to supervise the applicant.

The Course Provider ('the provider') uses an eligibility checklist to determine if the applicant is eligible. All eligible applicants are then interviewed. Staff involved in the selection process undertake equality diversity and inclusivity training regularly. Applicants' clinical and therapeutic experience is evaluated through the information provided on the application form as well as supporting evidence from the line manager or third-party reference. Further information can be requested ahead of the interview where required. Applicants who do not meet eligibility requirements based upon the information submitted in the form or supporting evidence will be rejected and contacted by e-mail, and given a reason for the rejection. The remaining applicants are asked questions within a standardised interview, including questions asked about the nature of their experience and suitability. Applicants must meet all entry requirements before the course starts, including appropriate support from their employer, having a DPP in place and meeting all required entry criteria.

The Accreditation team ('the team') asked the provider how they ensure that the area of therapeutic practice identified by the applicant is appropriate and can be adequately supported. The provider explained that the application form requires applicants to clearly identify an area of practice and that the scope of this practice must be endorsed by the applicant's line manager, which helps to confirm the background of the applicant. The provider explained that the applicant's work history and Continuous Professional Development (CPD) is also reviewed to ascertain the level of experience. This is also explored in the applicant's personal statement, and in the interviews. The provider also noted that the area of practice of the DPP is also reviewed to ensure that it is appropriate, noting that some DPPs had needed to be changed as their experience was not appropriate. Students undertake a self-assessment at the start of the course which sets out the scope of their practice, what they need to do and what they need to develop; a number of assessments are tailored to the students' scope of practice.

The team noted that applicants are asked in the interview about whether they are in good standing with the General Pharmaceutical Council (GPhC)/Pharmaceutical Society of Northern Ireland (PSNI) or other regulators, and were interested in how this information is verified. The provider explained that

entries are checked on the relevant register, as well as the supporting reference from the line manager (or third-party reference) of the applicant.

The team asked how the provider ensured consistency and equity between interviewers in the process. The provider explained that there is a set template with questions that must be asked by all interviewers. Guidance is also given to the interviewers. It was noted that the interview team is small, consisting of core members of the course team. The provider highlighted that if there were borderline cases, or clarifications were needed, then the course interview team would discuss these. The provider explained that students are asked to identify what they will prescribe. If there are then queries about the drugs that have been discussed in the interview, notes are taken and checked afterwards; the provider noted that potential red flags would be if the student did not correctly identify an adverse drug reaction or allergy.

The team was told that guidance is provided to applicants in a general overview of the course, noting how the course is taught, the cost, and the requirements for the DPP. The provider clarified that the guidance is taken from the updated standards, noting that the previous requirement for 2 years' experience had been removed.

Standard 2: Equality, diversity and inclusion

Standard met/will be met? Yes No

The team was satisfied that all five criteria relating to the equality, diversity and inclusion will be met or continue to be met.

The University maintains the principles of equality and diversity in all of its activities. As part of the submitted document, it was noted that an equality impact assessment of the independent prescribing programme was undertaken to identify any risks or potential issues.

The provider has a number of policies to ensure compliance with equalities and human rights. All staff undergo initial training in relation to equality and diversity. Disability Services agree individual support plans (ISP) with students and the relevant course leader and practice partner if a reasonable adjustment is required. Details of student support, disability health and wellbeing services are contained in the programme handbook and available on the USW virtual learning environment (VLE) UniLearn. Changes in course delivery and assessment adjustments are permitted by the provider, but all learning outcomes must be met by all students.

The team asked how the principles of equality and diversity are embedded into the course. The provider explained that equality and diversity are embedded at all levels of the course. It was noted that the majority of the teaching staff are health professionals, so equality and diversity are built into their professional ethos. The provider also noted that considerations are made in respect of protected characteristics, citing an example of how the use of drugs and medicines and the impact of these on religious belief is considered, as well as students needing to be aware of how different populations will have different needs, and the importance of treating patients on an individual basis. The provider also highlighted that there were large ethnic minority groups in parts of Cardiff, where, for example, it had been noted that there was low use of antibiotics, perhaps due to patients not accessing services as well as they could, so there needed to be a focus on enabling medicines for patients in these areas.

The team questioned how equality and diversity data is used when delivering the course. The provider explained that EDI data is treated sensitively by the university. Data is not held at course level, but is considered at subject level, and feeds into the continuous programme monitoring process.

The provider gave examples of reasonable adjustments that had been made, such as extra time for assessments, or ensuring that material is available online, and noted that most sessions are recorded, so if there are any students not able to attend, they will be able to access a recording of the session. Students who require an ISP may have an additional period before they have to submit, so they can access any relevant or necessary support.

The team was told that students learn about legal responsibilities under equality and human rights legislation in the 'law and prescribing' teaching session at the start of the course, and that a number of sessions are law focussed. Students undertake an essay or reflection on their legal responsibilities.

Standard 3: Management, resources and capacity

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the management, resources and capacity continue to be met.

The Independent Prescribing (IP) course sits within the Faculty of Life Sciences and Education. The course has been designed to enable experienced healthcare practitioners such as pharmacists, nurses, midwives, physiotherapists and paramedics to become independent prescribers. These groups are taught alongside one another enabling opportunities for interprofessional learning. Courses are managed by experienced academics who are registrants. The course leader organises the course and day to day activities of the programme, including applications and admissions, development of course materials, organisation of the timetable and coordination of assessments. The course leader reports to the Head of subject who has overall responsibility for the delivery of post registration regulated courses. Accountability for the course lies with the Course leader, Head of Subject, Head of Professional Regulation and Deputy Dean of Faculty. The Faculty management Team manages the processes to ensure all Professional statutory Board (PSB) requirements are met, as well as quality assurance and governance process. The management team includes the Deputy Dean, the Head of Subject, the Head of Professional Regulation and the Head of Practice Learning. The University operates a process of 'continuous monitoring' to ensure standards and the quality of the students' learning experience. Continuous monitoring evidence and reports compiled over a six-year period form the basis of the course review and revalidation process.

The course has two cohorts a year, running parallel on different days. The maximum number of students in each cohort is 50. There is no set ratio of different healthcare professionals on the course, though historically, pharmacists account for a small proportion of the cohort. The IP teaching team includes pharmacists, nurses and paramedics. Six members of the team have IP rights. As a provider of a range of health-related training programmes, the university has fully equipped teaching areas, IT provision, library resources and a state-of-the-art clinical simulation centre for the teaching of clinical assessment skills. The team asked for details on how the clinical simulation centre is used throughout the programme. The provider noted that there is an associate dean for clinical simulation and that a number of activities such as health assessments are carried out in the simulation centre. There are a variety of rooms in the centre including ward areas, and clinical rooms, but that the area was as

flexible as possible for learning needs. The provider also highlighted that there were standardised manikins available.

Teaching staff are fully briefed on their respective roles and responsibilities within the programme. Time is allocated in each team member's workload to deliver the necessary teaching and support to the students. Each member of the team has an annual performance review. Students are assigned a suitably qualified and experienced academic supervisor. The academic supervisor supports the student in the completion of their assessments and will also provide feedback on work submitted in draft form. The academic supervisor will undertake the marking of assessments and will contact the course leader if there are concerns about the progress of a student.

The student must attend all scheduled timetable sessions and complete at least 100 hours of supervised training with their DPP. A log of hours is completed with a brief overview of the activity completed. Each period of supervised practice must be signed off by the DPP, with the log of hours checked by the marking team on submission. The DPP is responsible for assessing the student's competence to prescribe and must not sign off the student if they are not convinced of the student's competence or safety. The DPP establishes a learning contract with the student, plans the learning programme that will enable the student to meet their learning objectives and provides time and opportunities for the students to observe how consultations are conducted, whilst also allowing opportunities for students to carry out consultations and suggest clinical and prescribing options. The arrangements and responsibilities of the DPP are formally agreed to and documents confirming this must be signed as part of the application process. The team was told that there are regular progress meetings between the student and the DPP. The provider noted that there were three points in the process that were formally recorded, at the beginning of the course, a progress meeting in the middle and at the end of the course, but recording of meetings other than these formal sessions was encouraged.

The team asked about the processes for identifying and managing risk in relation to the course. The provider explained that there are a number of processes including continuous monitoring, which may result in actions or interventions, a course revalidation process, annual award and progression completion reviews and external examiner assurance. The provider gave the example of staff retention, noting that there had been staff turnover during the Covid pandemic, which was duly reported as part of the continuous monitoring process. As a result, the course team had been able to recruit new staff with a prescribing focus so that the team was now back up to strength. The provider also highlighted a risk with regards to the possible over subscription of student numbers, as Health Education and Improvement Wales (HEIW) were keen for the course to recruit more students. It was noted that HEIW hold six monthly meetings with the University to review the programme and indicate likely numbers of students. The provider explained that things such as student numbers and staffing are reviewed on a cyclical basis, using RAG ratings. The course team also explores why students fail the course.

Standard 4: Monitoring, review and evaluation

Standard met/will be met? Yes No

The team was satisfied that all six criteria relating to the monitoring, review and evaluation continue to be met.

The IP programme is delivered in accordance with the university's standard quality assurance processes which include continual monitoring, annual module reports, subject and progression award boards. The course is currently validated until 31 August 2027. The university seeks student feedback throughout the course through a feedback loop system. This enables students to provide feedback at any point during the programme, which in turn enables the provider to address issues and make any required changes in a timely manner. Specific feedback about the module is asked for at the end of the course. An external examiner is also involved in the course and reviews assessments and student submissions.

The team was told that issues are addressed by feedback taken throughout the programme. The provider highlighted some examples of issues raised, such as queries about the availability of material ahead of time, or the availability of past papers. The provider explained to the students that there were few past papers available as the course was relatively new, so instead, mock papers were produced by the course team to resolve the issue. The provider noted that the core team met with students on a weekly basis to troubleshoot any issues.

All members of the teaching team are reviewed annually by the line manager and take part in the Reflection and Observation of Practice Scheme (ROPS) to develop teaching practice. Assessments are developed by the team and circulated to the wider team for comment, refined and then submitted to the external examiner for review.

The core teaching team meet regularly to consider any changes in practice and how that might affect the programme. The annual review system ensures that modules are reviewed in terms of the content and delivery. Members of the team are all registered health care professionals, some of whom still work in clinical areas and are aware of changing needs of practice, as well as engaging in continuous professional development as part of professional registration. The provider meets regularly with the local health boards and Welsh Ambulance service NHS Trust to discuss any issues related to delivery of the programme.

The team was told that all students must complete a practice learning environment audit, and that this is done for every placement and every applicant. It was noted that students tended to find their own environment, mostly hospital, and that they may have to provide insurance details for certain placements. The provider highlighted that members of the team worked clinically, which enabled them to give feedback on changes in practice. The provider noted links to clinical areas such as the Welsh ambulance service that were good for communication about changes in practice.

Standard 5: Course design and delivery

Standard met/will be met? Yes No

The team was satisfied that all ten criteria relating to the course design and delivery continue to be met.

As part of the submitted document, it was stated that the course will deliver the equivalent of 26 study days consisting of 15 face to face days and 11 days of directed study. This will cover the relevant knowledge and skills required for successful completion of the GPhC learning outcomes and RPS competencies. The course uses formative assessment throughout the programme, including a mock examination, and a mock Assessment of clinical skills (ACE). The programme is also designed to enhance pharmacists' pre-existing knowledge and focusses on helping the pharmacist to apply this knowledge to prescribing. The lead of the prescribing team for pharmacists is a GPhC registered pharmacist and there is also a GPhC registered pharmacist independent prescriber on the team who helps to deliver content as well as participating in assessment and marking.

The team asked how the potential differences in knowledge, skills and practices between professionals (given the multi-professional nature of the programme) is managed, so that existing knowledge is built upon for all. The provider explained that the differences are embraced, and peer learning encouraged within the group so that students learn from each other. It was noted that pharmacists on the course had good experience in terms of medicines management, but tended to need more support on clinical assessment. The provider also noted that in clinical areas, the content is specific to the student's area or practice, but recognised that sometimes additional support may have to be provided, such as additional sessions on physical assessment. If students are not able to attend study days, they are required to catch up, which can be done by accessing the recordings of study days, classroom exercises or attending physical assessment sessions to ensure that necessary skills are covered.

The Faculty has a Service User and Carer Involvement strategy, designed to ensure service user and carer involvement in all aspects of the programmes from development to learning and assessment. The course team meets regularly with representatives from the local health boards and the Welsh Ambulance Service NHS Trust to discuss all aspects of the programme. The team explored further how the provider engages with patients to refine the design and delivery of the course. The provider explained that patients participate in interviews where they consider what they want from a prescriber. It was noted that a questionnaire had been sent to the public with the responses helping to set interview questions. It was noted that real patients are used in physical assessments, which enabled them to provide feedback on interactions and student performance.

The course team ensure that all aspects of the course reflect current practice. Teaching materials and documentation are updated annually and can be updated during the year if required. Any significant changes to the course are discussed with the external examiner and amendments made (whether minor or major) in line with the University Quality assurance process, and any major changes also being checked with the relevant professional regulators.

Students are reminded that they must only undertake tasks in which they are competent, and that they may only undertake new skills under supervision until they have been signed off as competent, in order not to compromise patient safety. Course regulations consider issues such as patient safety,

safe and effective practice and competence in use of clinical skills. Derogations to university regulations are accommodated to meet any specific needs from professional regulators.

There is a fitness to practise (FTP) procedure to ensure that any concerns are dealt with in a fair and transparent way. This includes a cause for concern process where concerns and issues are considered by a Faculty multi-professional panel. This panel decides if any further action is needed, and whether a Full FTP hearing should take place. Students are made aware of the FTP process at the start of the course. They are also made aware of the processes available should they wish to raise a concern they may have about the university, their DPP, other practitioners or themselves and that the outcome of a report may be relayed to the practitioners employer and professional regulator.

Standard 6: Learning in practice

Standard met/will be met? Yes No

The team was satisfied that all five criteria relating to the learning in practice continue to be met.

As part of the submitted document it was stated that the location and nature of the clinical setting in which the student's training will take place is verified as being appropriate as part of the application process. Applicants and Prospective DPPs are also made aware that there is a requirement for direct access to patients. Students are also made aware that they must only undertake actions that they are competent in and qualified to do; they will be expected to undertake simulated prescribing activities under the direct supervision of the DPP. Students may spend some of the supervised clinical hours with a range of clinicians, but all assessment paperwork must be signed off or countersigned by the DPP. The Practice assessments must also be undertaken by the DPP.

Applicants must submit information about their prospective DPP's professional registration, clinical experience and teaching experience as part of the application process. This information is reviewed and verified by the university to ensure that the DPP is a professional registrant of good standing, without any conditions on their ability to practice, and that they have the appropriate level of expertise to undertake the role of DPP for the applicant. If the prospective DPP does not meet these core competencies the applicant will be asked to provide an alternative DPP and will not be offered a place on the course until the new DPP has been approved. The DPP is responsible for signing off the student's competence in training. The DPP will sign the student off once they have successfully completed their 100 hours of supervised practice and their in-practice assessments.

Standard 7: Assessment

Standard met/will be met? Yes No

The team was satisfied all eleven criteria relating to the assessment continue to be met. One recommendation was made in relation to criterion 7.2.

The Teaching and Learning strategy and Assessment plan includes a variety of modes of assessments, such as written course work, exams and practice assessment of clinical skills (ACEs). Teaching content has been developed to meet the GPhC learning outcomes and RPS competency framework. The assessment plan has been quality assured by the university as part of the course validation process. Assessments are written by the core team, and then reviewed by the wider teaching team. Essays are marked by the teaching team. The DPP undertakes the ACEs with one of the two summative assessments observed by an academic verifier to ensure that the assessment is undertaken correctly.

The team noted that the online exam is not proctored, so asked how the integrity of the assessment is ensured. The provider explained that students must undertake to sign a declaration when completing the assessment. As the students are all professionally registered, the provider relies on the honesty of the students in undertaking the online exam. The provider highlighted that students must submit workings out, which help the course team check any discrepancies with the results or answers, as well as identify any issues or patterns. The provider explained that the exam is not proctored as it had been moved online because of the pandemic, but suggested that the exam may well take place in person and on campus in the future. The provider confirmed that for calculations, workings out are looked at and must be submitted by the students. Although the team was satisfied that the criterion was met, the team **recommended** that the university reconsiders its position on online proctoring, to ensure integrity in online assessments. This relates directly to **criterion 7.2**, but also to **standard 7** more generally.

The provider explained that patient safety is of primary concern whether in terms of patients that students interact with during the course or in terms of future patients that successful prescribing students will interact when they have completed the programme. The team asked about the process of what happens when unsafe practice is identified and what the consequences are. The provider explained that there would be communication with the DPP to ascertain more information about the issue, and to check if there is an ongoing risk to patient safety. If the issue arose when the student was with patients, it would be considered as part of the cause of concern process. The student would be advised to not undertake any prescribing activity so that there was no patient work being carried out whilst a cause for concern was being investigated. The issue would then be looked at as part of the cause for concern process, which would lead to a number of possible outcomes ranging from no action to remedial action or referral to the fitness to practise process which could result in a report being made to the regulatory body. The provider noted that if the unsafe practice was part of the portfolio, such as in the essay or exam, this would mean a failure of the exam or assessment. The provider stressed that students cannot pass where there is unsafe practice.

Students are monitored throughout the course in terms of their engagement, development and eventual competence. All face-to-face sessions are compulsory with attendance recorded. If a student is absent, this must be accounted for and the work caught up. Distance material and work must also be completed. Failure to complete the work required will mean the student cannot complete the course even if all summative assessments are successfully completed. Within clinical areas, the progress of the student will be monitored by the DPP.

The team asked how the provider would manage a difference of opinion with the DPP in terms of assessment or feedback. The provider explained that in this situation, there would be a discussion between the DPP and the academic assessor, who will be a prescriber. If the provider requires further guidance, they can consult with the external examiner. In the situation that a DPP had failed a student, there would be a discussion about this, but the course team would respect the judgement of the DPP. If the DPP considered a student to be ok and was happy to sign them off, but the course

team had a concern about the student, the course team would need to consider if the DPP was suitable.

The team asked for more information on the summative assessments and who is responsible for assessing them. The provider explained that students must complete a prescribing exam consisting of five scenarios where the student must calculate the required dose and quantity of a medicine and write a prescription. The student must also complete a portfolio consisting of 10 reflections of 1000 words, reflecting on the 10 domains with the RPS competency framework. Students should use a reflective model to link to their area of practice and how it will inform their future prescribing. The reflections are reviewed by the DPP, and are then submitted via Turnitin by the student and marked by the course team. The reflections are counted as a single assessment, but all 10 must be completed. Students also need to submit evidence of their completed self-assessment and action plan, the log of their completed hours in practice, signed off by the DPP, and two completed summative ACEs. The student must include verification from the DPP that the student is ready for professional registration as a prescriber.

All assessments undertaken within the university assessments are written by registered pharmacist and nurse lecturers, verified by other health care professionals in the faculty and sent to the external examiner. The ACEs are undertaken by the DPP with one of the summative assessments observed by an academic verifier.

Students receive regular feedback on their performance throughout the course. Mock and practice papers are given to them to prepare for the summative assessments. The reflections will be supervised and marked at various points throughout the course to enable students to improve work based on feedback. In the clinical environment, the student develops a self-assessment and action plan with their DPP which is reviewed formally at the midpoint of the course. Students also undertake a formative ACE to help them identify areas of strength and development.

The provider noted that assessment regulations prioritise patient safety. As the written exam includes drug calculations and short answer questions relating to pharmacology and medicine safety issues, there is a 100% pass mark for the calculations element and an 80% pass mark for the pharmacology element. Assessments are marked against a standardised marking grid with appropriate second marking and moderation. All elements of the assessment must be completed and passed at the specific identified pass mark for the assessment. Low marks in one assessment cannot be compensated by higher marks in another.

All assessments are confirmed through a subject exam board and an award board; the external examiner is invited to both. Pharmacists successfully passing all aspects of the programme are awarded a Practice Certificate in Independent Prescribing which they can submit to the GPhC for annotation to the GPhC register.

Standard 8: Support and the learning experience

Standard met/will be met? Yes No

The team was satisfied that all four criteria relating the support and the learning experience continue to be met.

Students are sent information from the course team prior to the start of the programme, including details such as the required texts and how to get to the university campus. Students receive an induction on the first day of the course incorporating campus orientation, relevant policies and procedure and an introduction to the virtual learning environment. Students are assigned an academic tutor. Students are advised that the tutor can provide academic and pastoral support, but that they may speak to any member of the module team who will try to help them. The University has a number support services and resources such as an “Advice Zone” and other facilities such as a health service, disability and counselling services. Details of support available are explained in the student handbook.

As part of the submission it was stated that applicants must receive approval from their line manager for the student to be released for 100 hours of supervised practice. The student completes a self-assessment and action plan to identify the areas they need to be developed as well as enabling the DPP to focus the development of the student in these areas. The student and the DPP formally meet at the midpoint of the course so that the DPP can provide feedback on the progress of the student. The team asked what proportion of the DPP/student meetings were face-to-face or took place virtually. The provider explained that the meetings are mainly face to face, and that often the DPPs worked on the same unit as the student.

The University of South Wales has a policy for raising concerns which is detailed in the student handbook. Awareness of how to raise a concern is also part of content taught on the programme. All members of the teaching team and all DPPs are provided with the GPhC’s guidance on tutoring pharmacist and pharmacy technicians.

Standard 9: Designated prescribing practitioners

Standard met/will be met? Yes No

The team was satisfied that four of the five criteria relating to the designated prescribing practitioners continue to be met with one criterion subject to a condition.

Applicants must submit information about the professional registration, clinical experience and teaching experience of their prospective DPP as part of the application process. The DPP must complete a section of the application form outlining that they have the necessary skills and experience to undertake the role. This information is reviewed and verified by the course team. If a prospective DPP does not meet the core competencies or is in any way inappropriate, the applicant will be asked to seek an alternative DPP and cannot be offered a place on the course until this is confirmed. Once a DPP has been accepted by the course team, they are provided with information about the role and how to complete the required paperwork.

All DPPs are provided with an education training package to help ensure that they are fully capable and have a full understanding of their responsibilities as a DPP on the course. The DPP must sign to

confirm they have read the training material, GPhC guidance and RPS DPP competency framework, and confirm that they agree to supervise the applicant. The team asked whether the course team experienced any difficulty in ensuring that DPPs undertake the training. The provider explained that DPPs have expressed some concerns about having to read the training materials, but the provider noted that if the DPP does not do so then they cannot really undertake the role. It was noted that in terms of supervisory experience, many of the DPPs used are Doctors, and furthermore, the course uses a lot of DPPs who have been through the process on more than one occasion. The provider highlighted that there were some examples of DPPs leaving halfway through the course but stressed that the course team would always provide additional support for DPPs if required, such as e-mails or arranging visits.

DPPs are sent periodic e-mails by the course team such as reminders and guidance regarding their role. DPPs are invited to contact the course leader or other members of the teaching team if they have any queries or issues such as a problem with the student.

Feedback on the performance of DPPs is sought through an end of course evaluation form that reviews the contribution of the DPP to the student portfolio, verification of the ACEs and an evaluation of the DPP by the student. The provider indicated that any relevant feedback would then be communicated to the DPP at the end of the module. Similarly, if a student raised an issue during the course that needed addressing, this can also be fed back to the DPP. If the feedback suggests that the DPP requires more support, the course team can provide additional training. The team asked for some examples of feedback provided to DPPs since the last accreditation. The provider explained that feedback included e-mails reminding DPPs about timings, as well as relaying positive feedback from students on the support they had received from their respective DPPs. The provider confirmed that their approach was to contact the DPP if feedback was required and to deal with any issues that arose. Whilst the team could see that feedback was provided to DPPs in certain instances, such as an issue raised by a student, or good feedback from the evaluation, the team was not satisfied that feedback is sent to all DPPs so set a **condition** that all designated prescribing practitioners are provided with feedback on their performance, with immediate effect. This is to meet **criterion 9.5**.

